

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	123	181	lb/d	9	12	17	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1051	*****	lb/d	79	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	170	272	lb/d	12	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1679	*****	lb/d	127	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	3.8	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.76	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		12/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.12	*****	.45	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	15	*****	40	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	12/14/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35	247	lb/d	3	17	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	795	*****	lb/d	70	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	87	232	lb/d	8	16	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1589	*****	lb/d	143	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	2.31	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.57	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/3/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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FACILITY: HULL W P C F
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HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.15	*****	.47	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	3/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
WHOLE EFFLUENT TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

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Aram Varjabedian/ Project Manager			(781)925-0906	3/29/2019	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUARY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30TH OF FOLLOWING MONTH. SUBMIT REPORT WITH DMR.

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TREATED SANITARY WASTEWATER
External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54	83	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	919	*****	lb/d	68	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	117	167	lb/d	8	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1750	*****	lb/d	124	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	2.75	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.72	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		4/12/2019	
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.2	*****	.57	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	12	*****	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101	270	lb/d	5	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1246	*****	lb/d	82	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Daily	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	168	443	lb/d	9	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1835	*****	lb/d	112	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.61	4.83	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.86	*****	*****	MGD		Continuous	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/5/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 6/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.19	*****	.76	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	24	*****	160	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	05/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 6/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	44	77	lb/d	4	5	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2272	*****	lb/d	199	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	100	134	lb/d	8	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4134	*****	lb/d	356	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	1.8	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.42	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/6/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.18	*****	.57	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	11	*****	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	6/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
WHOLE EFFLUENT TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian	TELEPHONE		DATE
Aram Varjabedian/ Project Manager			(781)925-0906		6/28/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUARY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30TH OF FOLLOWING MONTH. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	69	lb/d	6	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	880	*****	lb/d	83	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	163	220	lb/d	16	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2555	*****	lb/d	246	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	2.03	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.36	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/7/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.11	*****	.49	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	7/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	129	lb/d	4	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4374	*****	lb/d	302	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	215	358	lb/d	13	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9130	*****	lb/d	639	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.86	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.94	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		8/15/2019
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.12	*****	.54	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	14	*****	55	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	21	*****	220	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	8/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64	79	lb/d	6	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1617	*****	lb/d	148	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	142	176	lb/d	13	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4326	*****	lb/d	396	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.72	1.89	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.45	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/9/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.2	*****	.51	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	12	*****	20	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	/9/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
WHOLE EFFLUENT TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian	TELEPHONE		DATE
Aram Varjabedian/ Project Manager			(781)925-0906		09/30/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUARY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30TH OF FOLLOWING MONTH. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	40	lb/d	3	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2020	*****	lb/d	193	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3	SU		Daily	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	160	183	lb/d	15	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5900	*****	lb/d	566	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	1.69	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.33	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		0/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.25	*****	.58	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	17	*****	80	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	0/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	83	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1740	*****	lb/d	162	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	202	288	lb/d	17	23	23	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4439	*****	lb/d	413	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.61	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.5	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	1/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.22	*****	.63	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	14	*****	30	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	1/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101	156	lb/d	7	14	14	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1591	*****	lb/d	116	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	231	302	lb/d	17	27	27	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2976	*****	lb/d	224	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	3.57	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.66	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		2/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.24	*****	.86	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	70	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	2/13/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
WHOLE EFFLUENT TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian	TELEPHONE		DATE
Aram Varjabedian/ Project Manager			(781)925-0906		2/26/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUARY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30TH OF FOLLOWING MONTH. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	79	161	lb/d	3	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1919	*****	lb/d	94	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.6	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	180	368	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4412	*****	lb/d	212	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	4.01	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	2.33	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

resubmit with corrected attached file1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.37	*****	.73	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

resubmit with corrected attached file1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36	61	lb/d	3	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1377	*****	lb/d	120	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	110	163	lb/d	10	13	13	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3691	*****	lb/d	319	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.63	2.77	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.49	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		12/11/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.12	*****	.47	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	12/11/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30	37	lb/d	3	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1140	*****	lb/d	113	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	81	137	lb/d	8	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2001	*****	lb/d	198	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.61	1.88	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.32	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/3/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.06	*****	.35	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	3/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
WHOLE EFFLUENT TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian	TELEPHONE		DATE
Aram Varjabedian/ Project Manager			(781)925-0906		03/29/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUARY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30TH OF FOLLOWING MONTH. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55	139	lb/d	3	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1656	*****	lb/d	142	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	115	317	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3776	*****	lb/d	359	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	3.46	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.42	*****	*****	MGD		See Permit	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		4/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.13	*****	.85	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	21	*****	390	CFU/100 mL	1	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	4/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	65	78	lb/d	3	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1839	*****	lb/d	97	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	156	167	lb/d	8	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2564	*****	lb/d	128	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	3.96	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	2.23	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		05/15/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.47	*****	.91	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	21	*****	190	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	05/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	61	lb/d	3	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1375	*****	lb/d	130	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	92	171	lb/d	9	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2064	*****	lb/d	197	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	2.56	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.37	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/6/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.28	*****	.71	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	20	*****	350	#/100mL	1	Five per Month	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	6/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
WHOLE EFFLUENT TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(781)925-0906	06/29/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUARY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30TH OF FOLLOWING MONTH. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40	68	lb/d	5	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1814	*****	lb/d	236	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	118	133	lb/d	16	21	21	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3270	*****	lb/d	427	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	1.27	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	.97	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		7/15/2020
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.26	*****	.79	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	18	*****	290	CFU/100 mL	1	Six per Month	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	24	*****	2000	#/100mL	1	Six per Month	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	7/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	98	lb/d	11	14	20	mg/L		Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1846	*****	lb/d	240	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	185	153	lb/d	24	20	45	mg/L		Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2258	*****	lb/d	293	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.51	1.3	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/8/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.32	*****	.92	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	14	*****	50	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	8/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42	104	lb/d	6	13	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1145	*****	lb/d	149	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	135	252	lb/d	17	32	28	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1875	*****	lb/d	239	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.46	1.17	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	.94	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		/9/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.33	*****	.72	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	/9/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
WHOLE EFFLUENT TOXICITY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian	TELEPHONE	DATE	
Aram Varjabedian/ Project Manager			(781)925-0906	09/29/2020	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUARY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30TH OF FOLLOWING MONTH. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	52	127	lb/d	6	13	13	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1775	*****	lb/d	234	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.03	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	128	234	lb/d	17	24	24	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3066	*****	lb/d	387	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.43	1.2	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	.88	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		0/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.31	*****	.77	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	17	*****	160	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	11	*****	20	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	0/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	98	240	lb/d	11	22	22	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1920	*****	lb/d	250	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	157	284	lb/d	19	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2801	*****	lb/d	340	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.39	2.28	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.02	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		1/12/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.27	*****	.71	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	1/12/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38	59	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1222	*****	lb/d	133	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	132	179	lb/d	14	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2323	*****	lb/d	251	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.34	1.57	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.08	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		2/15/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.42	*****	.88	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	2/15/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
WHOLE EFFLUENT TOXICITY DATA
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	100 DAILY MN	*****	*****	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian	TELEPHONE		DATE
Aram Varjabedian/ Project Manager			(781)925-0906		2/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUARY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30TH OF FOLLOWING MONTH. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	95	lb/d	6	7	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2600	*****	lb/d	188	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	238	255	lb/d	18	23	23	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4454	*****	lb/d	325	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.29	3.23	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.74	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		11/14/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.23	*****	.64	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE	DATE
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	11/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045

FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	104	lb/d	3	8	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4775	*****	lb/d	475	*****	*****	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	79	273	lb/d	8	21	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4189	*****	lb/d	424	*****	*****	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	Req. Mon. MO AVG	*****	*****	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.27	2.29	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.28	*****	*****	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	*****	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Aram Varjabedian		TELEPHONE		DATE	
Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906		12/11/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 02045-1313
MAJOR \$
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall

No Discharge ☐

ATTN: JOHN J STRUZZIERY CHRMN COMM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	.13	*****	.64	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	.7 MO AVG	*****	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	60	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	35 MO AVG	*****	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	88 MO GEO	*****	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 DAILY MN	*****	*****	%		Monthly	Calculated

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Aram Varjabedian/ Project Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(781)925-0906	12/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

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